

Express Mail Label No.: 11913172US
Date of Deposit: October 26, 2000

Attorney's Pocket No. 18989-006 (BWH-6)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER: Harold A. Chapman

FOR: METHODS OF TREATING VASCULAR DISEASE ASSOCIATED WITH
CYSTAIN DEFICIENCY

October 26, 2000
Boston, Massachusetts

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2. Specification (Total pages:38);
Specification (34 pages, not including claims or abstract); Claims (3 pages); Abstract
(1 page); and
Drawings: 3 sheets; FIGS. 1-3 (informal).
3. Declaration and Power of Attorney (unsigned)
4. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$710.00
Total Claims (37 C.F.R. 1.16(c))	21	- 20 =	1	\$ 18.00	18.00
Independent Claims (37 C.F.R. 1.16(b))	7	- 3 =	4	\$80.00	320.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))				\$260.00	0
SUBTOTAL:					1048.00
Reduction by 50% for filing by small entity:					-\$524.00
TOTAL FEE:					\$524.00

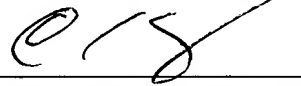
5. A check in the amount of \$ 524.00 (check #7077) is enclosed.

FIRST-NAMED INVENTOR OF  Harold A. Chapman
APPLICATION IDENTIFIER: 
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

6. The Commissioner is hereby authorized to credit overpayments or charge any fees due to Deposit Account No. 50-0311, Ref. No. 18989-006 (BWH-6).

7. Return Receipt Postcard Enclosed.

Respectfully submitted,



Dated: October 26, 2000

Ivor R. Elrifi, Reg. No. 39,529
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